

UC – GSGA – One Time Research Award Application

683 SSLC – ML 0193 – Ph: (513)556-6101

This is a *fill-in* PDF document. Please type in all details before printing this form. **Hand written forms will be penalized 10% of total award.** Please read all instructions at <http://www.uc.edu/gsga> prior to submission. Please note that GSGA approval must be obtained prior to using this award money.

Name: _____ Email Address: _____

Mailing Address: _____

Telephone: _____ UC-ID: M _____ Mail Location: _____

GSGA Member Group and Department Name: _____

Have you applied for the One –Time Research Award before? _____

How do you propose to use your One-Time Research Award? (Explain briefly): _____

Please list all funding, other than GSGA, received/applied for this research endeavor in the section below. Put zeros in all rows if none.

Source Name	Amount	Comments
Department		
Advisor		
UC affiliated sources(like CCHMC/Taft)		
Other (Please Specify Name)		

I certify that all the information above is correct to the best of my knowledge. **ALL SIGNATURES BELOW ARE MANDATORY.**

Department Head / Secretary Name: _____ Signature: _____

Research Advisor Name: _____ Signature: _____

Member Group Officer Authorization:

Officer Name: _____ Officer Signature: _____

Applicant Signature: _____ Date of submission of this form: _____